

EDUCATION BENEFITS FORM SY 2025 - 2026

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H If Homeless M If Migrant R If Runaway F If Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
☐ 1 →	☐ At or below \$20,345	☐ Between \$20,346 and \$28,953	☐ At or above \$28,954
☐ 2 →	☐ At or below \$27,495	☐ Between \$27,496 and \$39,128	☐ At or above \$39,129
☐ 3 →	☐ At or below \$34,645	☐ Between \$34,646 and \$49,303	☐ At or above \$49,304
☐ 4 →	☐ At or below \$41,795	☐ Between \$41,796 and \$59,478	☐ At or above \$59,479
☐ 5 →	☐ At or below \$48,945	☐ Between \$48,946 and \$69,653	☐ At or above \$69,654
☐ 6 →	☐ At or below \$56,095	☐ Between \$56,096 and \$79,828	☐ At or above \$79,829
☐ 7 →	☐ At or below \$63,245	☐ Between \$63,246 and \$90,003	☐ At or above \$90,004
☐ 8 →	☐ At or below \$70,395	☐ Between \$70,396 and \$100,178	☐ At or above \$100,179

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) _____ (Printed Name) _____ (Date) _____

(Address) _____ (City) _____ (Zip) _____

(Email Address) _____ (Home Phone) _____ (Work Phone) _____

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____